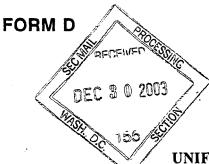
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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR

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noure per reenonse	16 00

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UNIFORM LIMITED OFFERING EXEMPTION	J
lame of Offering ( check if this is an amendment and name has changed, and indicate change.)  NAVIGATE CAPETAL PARTHERS, LP	
iling Under (Check box(es) that apply)	
A. BASIC IDENTIFICATION DATA	
. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  NAVIGATE CAPITAL PARTIESS, LP	
Address of Executive Offices (Number and Street, City, State, Zip Code)  7219 OAKENSHAW Dr. FISHERS IN 46038 (317) 915-8471	
Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Telephone Number (Including Area Code) if different from Executive Offices)	le)
Brief Description of Business PRIVATE INVESTMENT COMPANY	*****
ype of Business Organization    Corporation	D
business trust limited partnership, arready formed JAN 02 200	<b>1</b>
Month Year  Actual or Estimated Date of Incorporation or Organization: The Month Year  Letting of Incorporation or Organization: The Month Year  Letting of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for State;  CN for Canada; FN for other foreign jurisdiction)	
NEVER AT A NOTIFICATIONS	

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

# A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Beneficial Owner ★ Executive Officer ☐ Director Check Box(es) that Apply: General and/or Promoter Managing Partner Full Name (Last name first, if individual) HUFFORD Business or Residence Address (Number and Street, City, State, Zip Code) 7219 OAKEN SHAW Dr. FISHESS /N Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

1 July 200					B. I	NFORMAT	ION ABOU	T OFFERI	NG				
1. Has	the is	ssuer sold	l, or does th	ne issuer in	ntend to se	ell, to non-a	accredited i	investors in	n this offer	ing?		Yes	No □
						n Appendix							حہ _
2. Wha	at is tl	ne minim	um investn	ent that w	ill be acce	pted from	any individ	iual?				\$ <u>7.8</u>	D000
5	50þ	Acot .	PO WA	m bu	Gene	14 PA	44 82					Yes	No
												~	
com If a p	imissi persor tates, l	on or simi 1 to be lis list the na	ilar remune ted is an ass me of the b	ration for s sociated pe roker or de	solicitation erson or age ealer. If me	of purchas ent of a brol	ers in conn ker or deale e (5) perso	ection with er registered ns to be list	sales of se d with the S ted are asso	curities in t SEC and/or	irectly, any he offering with a state sons of such	<b>:</b>	
Full Nan	ne (La	ist name	first, if indi	vidual)									
Business	or Re	esidence	Address (N	umber and	d Street, C	ity, State, 2	Zip Code)						
Name of	Asso	ciated Br	oker or De	aler									<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
States in	Whic	h Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
											***************************************	☐ Al	States
AL	ח	[AK]	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	[ID]
[IL	_	IN	IA	KS	KY	LA	[ME]	MD	MA	MI	MN	MS	MO
MT	]	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
RI	]	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Nan	ne (La	ist name i	first, if indi	vidual)	****		***************************************						
Business	or R	esidence	Address (1	Number an	d Street, C	City, State,	Zip Code)						
Name of	Asso	ciated Br	oker or Dea	aler	<u> </u>	<del></del>						<del></del>	<u></u>
States in	Whic	h Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	<u>.</u>					
(Che	eck "A	All States	" or check	individual	States)			•••••					States
AL	ר	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL	_	[IN]	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	_	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
RI	]	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Nam	ne (La	st name 1	first, if indi	vidual)				7			<del></del>		
Business	or R	esidence	Address (N	Jumber an	d Street, C	ity, State,	Zip Code)	<u></u>					
N	· A	-i I D	-l D	.1							<del> </del>	<del></del>	
Name of	ASSO	ciated Br	oker or Dea	ner									
States in	Whic	h Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
(Che	eck "A	All States	" or check	individual	States)		••••••	***************************************	****************		•••••••	☐ A11	States
AL	]	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL	_	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT RI		NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggreg Offering	-	Amount Already Sold
	Debt	<u>ح-                                     </u>	> -	s <u> O · </u>
	Equity	s - C	> _	s -O -
	Common Preferred			
	Convertible Securities (including warrants)	sC	> -	s <del>-0 -</del>
	Partnership Interests	* ACCC	ma	\$ <u>985,∞</u>
	Other (Specify)	<u> </u>	-	s - Ó -
	Total	skaa	<b>1000</b>	\$422000.0
	Answer also in Appendix, Column 3, if filing under ULOE.			·
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Numb Invest		Aggregate Dollar Amount of Purchases
	Accredited Investors			\$ 550,000 (3,500,000)
	Non-accredited Investors			\$ (23,000)
	Total (for filings under Rule 504 only)			\$
3.	Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	The state of the s	Type		Dollar Amount
	Type of Offering	Securi	ty -	Sold
	Rule 505			\$_ <del></del>
	Regulation A			\$ <u>-0</u>
	Total		•	\$ <u>-0</u> -
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		<del></del>	<i>3</i>
	Transfer Agent's Fees	•••••		sO-
	Printing and Engraving Costs	,.		\$ 735.00
	Legal Fees			s 6,500,00
	Accounting Fees	••••••		s - 6 -
	Engineering Fees	************		\$ -0-
	Sales Commissions (specify finders' fees separately)			s0-
	Other Expenses (identify)			s 1,331.00
	Total			s 8566.00

		Officers, Directors, &	Payments to
	Salaries and fees	Affiliates	Others
	Purchase of real estate	<i>j</i>	□\$ □\$
	Purchase, rental or leasing and installation of machinery	<b>□</b> <del>*</del>	- 🚨 "
	and equipment	\$	\$
	Construction or leasing of plant buildings and facilities	\$	\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	r⊓ <b>s</b>	□\$
	Repayment of indebtedness	_	-
	Working capital		
	Other (specify):		□\$ <u>2,066.</u> ∞
		\$	\$
	Column Totals		· .
	Total Payments Listed (column totals added)	_ <b>\$_</b>	3635.89
:	D. FEDERAL SIGNATURE	. N. e.	

- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

## E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification

Yes No provisions of such rule? ......

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date		
NAVIGATE CAPITAL PATTHERS 1	\$ Tool	HUGADAD 1	Ruenber	23,2003
Name (Print or Type)	Title (Print or Type)			
TODD HUFFORD	MANAGER	OF GENGEAL	PAHAR	_

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1		2	3		4				
	Intendato non-a	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4  Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	, '8	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									<u> </u>
AR						1	,		
CA	i								
СО									
СТ									
DE									
DC									
FL	X		himsed Patricy	N.		1	10,000		X
GA									
ні									
ID									
IL									
ľΝ	*		Limited Bartardy	2	50,000	5	465,000		X
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ME									
MD									
MA									
MI									
MN									
MS									
		L	-L	L	<u></u>				

المؤالي ون				APP	ENDIX : *					
1	Intend to non-a investor	d to sell accredited is in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4  Type of investor and amount purchased in State  (Part C-Item 2)					
State	Yes	No	, *	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
МО										
MT										
NE										
NV										
NH										
NJ										
NM										
NY										
NC										
ND										
ОН										
ок										
OR							····			
PA										
RI										
sc										
SD						,				
TN										
TX										
UT										
VT										
VA										
WA										
wv										
WI							······································			

APPENDIX											
1	Intend to sell to non-accredited investors in State (Part B-Item 1)  Type of security and aggregate offering price offered in state (Part C-Item 1)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)						
State	Yes	No	. *	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
PR											

*å-*